EXAMPLE Attachment F

WIOA Work Experience Incident Report

Worksite Supervisor: Please complete the following information and submit to: _____

WORKSITE INFORMATION					
Worksite:					
Worksite Address:		Worksite Telephone:			
		Days/Hours of Operation:			
Supervisor:		Telephone:			
Alternate Supervisor (if applicable):		Telephone:			
TRAINEE INFORMATION					
Trainee Name:		Telephone:			
Trainee Address:		City:		Zip:	
INCIDENT INFORMATION					
Location of Incident:		Date:		Time:	
Description of Incident:					
Injury Sustained:	☐ Yes ☐ No	Type of Injury:			
Medical Treatment Received:	☐ Yes ☐ No	Name of Physician:			
Physician Address:		City:		Zip:	
COMPLETE THIS SECTION ONLY IF THE INCIDENT WAS REPORTED TO THE POLICE					
Police Station Name/Number:					
Police Station Address:		City:		Zip	
Officer Name:		Telephone:			
CERTIFICATION					
Worksite Supervisor		Date:			
Trainee Signature:		Date:			